

NOTICE OF INTENTION TO EXPEL

Student's Name: _____ Date: _____

Name of Parent or Guardian

Address

Dear _____:

This letter is to inform you that it is possible the Board may expel _____
from school for the following reasons specified in the Code of Conduct:

_____ and his/her parent, guardian, custodian, or representative
have the opportunity to appear before the Board to challenge the reasons for the possible expulsion or
to otherwise explain the student's actions. The hearing is to be held not less than three (3) day(s) nor
more than five (5) day(s) after this notice was delivered, but if you are unable to attend at the time
indicated below, you have the right to request an extension by contacting the
_____ by phone at _____
or by letter at _____. Such extension will not
exceed five (5) day(s). If an extension is granted, you will be notified of the new time and place.

[] The offense of which you are guilty also subjects you to the possibility of permanent
exclusion from Indiana schools.

The hearing is to be conducted at:

Location Date Time

Superintendent